Delaware Senior Medicare Patrol

Medicare Fraud Informer

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SMP MISSION STATEMENT *to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education.*

To Empower and Assist

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DELAWARE HEALTH AND SOCIAL SERVICES
Division of Services for Aging and Adults with Physical Disabilities

SMP Informer Newsletter

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Message from SMP Project Director

Andrea Rinehart

"That's Not Me!": A Case Study
By Ed Campell
Coordinator of Complex Interactions
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One of the more frequent problems that beneficiaries call Senior Medicare Patrol about is that their Medicare Summary Notice (MSN) lists charges for services that they did not receive. The SMP takes these calls seriously because they may indicate identity theft. The SMP refers to these as "That's not me" calls.

On April 25, 2016, a beneficiary, who we will call Jane Doe, called and was concerned that her MSN indicated that she was receiving medical services while she was a resident in a nursing facility. She has never been a resident in a nursing facility, and she was quite sure that something was wrong. She said that she had contacted both the doctor's office and Medicare, but the problem, which began in 2013, continued and she was running out of patience.
The three possible causes of this type of issue are: beneficiary confusion about the charge, billing error, and identity theft. Identity theft is the most serious of these. The SMP's initial investigation showed that all of the charges in question came from the same medical group and were related to visits in a nursing facility.

Jane Doe is a patient of a doctor in this group but not the one who is billing for the nursing home visits. A call to the billing service of this practice gave us the contact information for the person in the office who is responsible for the accuracy of the billing information for the medical group. When we spoke with her, she reported that they had four patients named Jane Doe and they were all Medicare beneficiaries. They were billing the wrong Jane Doe.
Why does this happen so often? Most of us who use computers are familiar with the pop up and automatic fill in features of many programs. This is a time saving feature when used properly. In billing situations, it is very important that the person entering the information ensures that the account that popped up is the account of the person who received the service. In this case, the first time the charges were entered, they were attributed to the wrong Jane Doe. The error was set to automatically occur on subsequent billings.

So what should a beneficiary do if this happens? First, call the provider's office and tell the people there that you think there has been an error. The provider should either agree and correct the billing error or explain to you why the charge is correct. If an error has been made, the charge should be removed from the beneficiary's record and the provider should notify Medicare. As a beneficiary, you should then receive a new MSN stating that the claim has been reconsidered and rejected and that you owe nothing to the provider for this service. It is the provider's responsibility to bill the correct patient if it wishes to be paid.
If the provider's office does not correct the problem or satisfactorily explain to the beneficiary why the charge is legitimate, the beneficiary should contact the Senior Medicare Patrol of New Jersey. A beneficiary will know a provider did not correct the problem if the beneficiary does not get a new MSN showing that the claim was reconsidered. It is important that this type of error be corrected because some services are covered on an limited basis; if a beneficiary's file indicates that he or she received these services, a legitimate claim may later be rejected even though the service was in fact provided.

Tales From The Trenches . . . .

Doctor Who Falsely Diagnosed Hundreds of Patients As Part of a Medicare Fraud Scheme Sentenced to Prison

Dr. Isaac Kojo Anakwah Thompson, M.D. 57, of Delray Beach, was sentenced today by United States District Judge William J. Zloch to 46 months' imprisonment, to be followed by two years of supervised release, after having previously pled guilty to health care fraud. Dr. Thompson was further ordered to pay restitution in the amount of $2,114,332.33.

Wifredo A. Ferrer, United States Attorney for the Southern District of Florida, Assistant Attorney General William J. Baer, Special Agent in Charge George L. Piro, Federal Bureau of Investigation (FBI), Miami Field Office and Special Agent in Charge Shimon R. Richmond, Department of Health and Human Services, Office of Inspector General (HHS-OIG), Florida region, made the announcement.

According to the court record, including facts admitted during the defendant's plea hearing and the parties' statements at sentencing, Dr. Thompson engaged in a scheme to defraud the Medicare Advantage program, a voluntary system which allows Medicare beneficiaries to enroll in health insurance plans sponsored by private insurance companies. For each beneficiary who chooses to enroll in a Medicare Advantage plan, Medicare pays the sponsoring insurance company a fixed, or capitated, monthly fee. Medicare does not adjust the fee based on the cost of providing medical care to the beneficiary. Instead, Medicare adjusts the fee based on the beneficiary's medical conditions. As a result, Medicare generally pays a larger capitated fee for a beneficiary with more serious medical conditions than it does for a healthier beneficiary. Medicare determines a beneficiary's medical conditions in part using diagnoses submitted by the beneficiary's Medicare Advantage plan physician.

Dr. Thompson's fraudulent conduct involved certain Medicare Advantage plans sponsored by Humana, Inc. These Humana plans operated as health maintenance organizations (HMOs) and each enrolled beneficiary selected a primary care physician (PCP) enrolled in Humana's network. Before seeing a specialist, the beneficiary generally needed a referral from his or her PCP. Dr. Thompson was an internist who operated a medical clinic in Delray Beach and was a PCP in Humana's HMO network. As such, a beneficiary enrolled in a Humana HMO Medicare Advantage plan could choose Dr. Thompson as the beneficiary's PCP. Humana paid Dr. Thompson approximately 80% of the capitated fee for each beneficiary who had selected the defendant as his or her PCP.

Between 2006 and 2010, Dr. Thompson defrauded Medicare by diagnosing 387 Medicare Advantage beneficiaries with ankylosing spondylitis, a rare chronic inflammatory disease of the spine. Dr. Thompson reported these diagnoses to Humana, which in turn reported them to Medicare. As a result, Medicare paid approximately $2.1 million in excess capitation fees, approximately 80% of which went to the defendant. All or almost all of these ankylosing spondylitis diagnoses were false because in fact, the patients did not have the condition. Because the diagnoses were false, the defendant did not have any corresponding increase in his cost to treat the patients.

Mr. Ferrer and Mr. Baer commended the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney Marc Osborne and Trial Attorney Paul Gallagher, United States Department of Justice, Antitrust Division.

Related court documents and information may be found on the website of the District Court for the Southern District of Florida at www.flsd.uscourts.gov or on http://pacer.flsd.uscourts.gov.

Delaware SMP Informer – Volunteer Voice

SMP Volunteers: Always "In The Know!"

Although all of us are constantly learning new things, especially as changes to Medicare occur, SMP volunteers are a very well-trained group of people! Test yourself to see if you know the answers to this short quiz created by the SMP of California:

1. **What is the number on the Medicare card?**
   - **A. Medicare Provider ID**
   - **B. Social Security Number**
   - **C. A Unique Identifier**

2. **When a podiatrist trims the toe nails of a Medicare beneficiary, she can bill for Medicare surgery.**
   - **A. True**
   - **B. False**

3. **Medicare only covers durable medical equipment, like a walker or oxygen, if you get it from a supplier enrolled in the Medicare program with a prescription from your doctor.**
   - **A. True**
   - **B. False**

4. **A Medicare beneficiary allows her sister, who has no health care coverage, to use her Medicare card to get health care services. This is an act of kindness with no consequences.**
   - **A. True**
   - **B. False**

5. **The Affordable Care Act is issuing new Medicare cards that can be scanned or swiped like a credit card.**
   - **A. True**
   - **False**

6. **At a health fair, it is acceptable for a person who offers a $50 voucher for medications, to get your Medicare number in return.**
   - **A. True**
   - **B. False**

7. **Those who commit Medicare fraud can include:**
   - **A. People with Medicare**
   - **B. Suppliers of durable medical equipment.**
   - **C. Doctors and health care practitioners**
   - **D. All of the above**

8. **According to the U.S. False Claims Act, prosecutors have to prove:**
   - **A. Intent to commit fraud**
   - **B. They bent the rules**
   - **C. Criminals are bad guys**

9. **Reviewing your _____ or _____ is an excellent way to detect potentially fraudulent Medicare billing activity.**
   - **A. Wells Fargo or Bank of America statements**
   - **B. Medicare Summary Notice or Explanation of Benefits**
   - **C. Daily newspaper or NPR news report**

10. **In order to qualify for home health benefits, a Medicare beneficiary must have a doctor's prescription and be homebound.**
    - **A. True**
    - **B. False**

ANSWERS

1. **Social Security Number**
2. **False**
3. **True**
4. **False**
5. **False**
6. **False**
7. **All of the Above**
8. **Intent to Commit Fraud**
9. **Medicare Summary Notice or Explanation of Benefits**
10. **True**

Wait! I forgot the most important question of all: Would YOU like to be part of a team that helps to educate Medicare beneficiaries on important information that will help them stay safe from the repercussions of Medicare billing errors, abuse, or even fraud? If so, please contact DE SMP Volunteer Coordinator Steve O'Neill at Steven.O'Neill@state.de.us or call at 302-255-9383.